

10/002802

PTO/SB/06 (08-03)

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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b>   |                                  |              |                                    |               |   | Application or Docket Number |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
|--|----------------------------------|--------------|------------------------------------|---------------|---|------------------------------|--|-------------|----------------------------------|--------------|------------------------------------|---------------|---|-------------------------------|----|---|----|---|--|----------------------------------|------------|---|----|---|--|---|-----------|---|--|--|--|---|----------------|--------------|--|--------------|--|--------------|-----|-----------------|----------|--------------|----------------|--------------|--|--------------|--|--------------|--|-----------------|-----|--|----------|--------------|--|--------------|--|--------------|--|-------|--|
| Substitute for Form PTO-875  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>CLAIMS AS FILED – PART I</b></p> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Column 1)</span> <span>(Column 2)</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">FOR</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>BASIC FEE<br/>(37 CFR 1.16(a))</td> <td colspan="5"></td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(c))</td> <td>minus 20 =</td> <td>*</td> <td colspan="3"></td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(b))</td> <td>minus 3 =</td> <td>*</td> <td colspan="3"></td> </tr> <tr> <td colspan="6">MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))</td> </tr> </tbody> </table> <p style="font-size: x-small;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center; font-size: small;">SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr><td> </td><td>\$ _____</td></tr> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>+ \$ _____ =</td><td> </td></tr> <tr><td>TOTAL</td><td> </td></tr> </tbody> </table> </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> <p style="text-align: center; font-size: small;">OTHER THAN SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr><td> </td><td>\$ _____</td></tr> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>+ \$ _____ =</td><td> </td></tr> <tr><td>TOTAL</td><td> </td></tr> </tbody> </table> </div> </div> </div> </div>  |                                  |              |                                    |               |   |                              |  | FOR         | NUMBER FILED                     | NUMBER EXTRA |                                    |               |   | BASIC FEE<br>(37 CFR 1.16(a)) |    |   |    |   |  | TOTAL CLAIMS<br>(37 CFR 1.16(c)) | minus 20 = | * |    |   |  | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                          | minus 3 = | * |  |  |  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |                |              |  |              |  | RATE         | FEE |                 | \$ _____ | X \$ _____ = |                | X \$ _____ = |  | + \$ _____ = |  | TOTAL        |  | RATE            | FEE |  | \$ _____ | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ = |  | TOTAL |  |
| FOR  | NUMBER FILED                     | NUMBER EXTRA |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| BASIC FEE<br>(37 CFR 1.16(a))  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   | minus 20 =                       | *            |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))   | minus 3 =                        | *            |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | FEE                              |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
|  | \$ _____                         |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | FEE                              |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
|  | \$ _____                         |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>CLAIMS AS AMENDED – PART II</b></p> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Column 1)</span> <span>(Column 2)</span> <span>(Column 3)</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">AMENDMENT A</th> <th style="width: 20%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 10%;">MINUS</th> <th style="width: 20%;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="width: 10%;">PRESENT EXTRA</th> <th style="width: 10%;">=</th> </tr> </thead> <tbody> <tr> <td>Total<br/>(37 CFR 1.16(c))</td> <td style="text-align: center;">23</td> <td style="text-align: center;">-</td> <td style="text-align: center;">42</td> <td style="text-align: center;">=</td> <td> </td> </tr> <tr> <td>Independent<br/>(37 CFR 1.16(b))</td> <td style="text-align: center;">7</td> <td style="text-align: center;">-</td> <td style="text-align: center;">10</td> <td style="text-align: center;">=</td> <td> </td> </tr> <tr> <td colspan="6">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> </tbody> </table> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center; font-size: small;">SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>+ \$ _____ =</td><td> </td></tr> <tr><td>TOTAL ADD'L FEE</td><td> </td></tr> </tbody> </table> </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> <p style="text-align: center; font-size: small;">OTHER THAN SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>X \$ _____ =</td><td> </td></tr> <tr><td>+ \$ _____ =</td><td> </td></tr> <tr><td>TOTAL ADD'L FEE</td><td> </td></tr> </tbody> </table> </div> </div> </div> </div> |                                  |              |                                    |               |   |                              |  | AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | = | Total<br>(37 CFR 1.16(c))     | 23 | - | 42 | = |  | Independent<br>(37 CFR 1.16(b))  | 7          | - | 10 | = |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |           |   |  |  |  | RATE  | ADDITIONAL FEE | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ = |     | TOTAL ADD'L FEE |          | RATE         | ADDITIONAL FEE | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ = |  | TOTAL ADD'L FEE |     |  |          |              |  |              |  |              |  |       |  |
| AMENDMENT A  | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | = |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| Total<br>(37 CFR 1.16(c))  | 23                               | -            | 42                                 | =             |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| Independent<br>(37 CFR 1.16(b))  | 7                                | -            | 10                                 | =             |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
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| Total<br>(37 CFR 1.16(c))  |                                  | -            |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| Independent<br>(37 CFR 1.16(b))  |                                  | -            |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
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| RATE   | ADDITIONAL FEE                   |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
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| Total<br>(37 CFR 1.16(c))  |                                  | -            |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| Independent<br>(37 CFR 1.16(b))  |                                  | -            |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
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| RATE   | ADDITIONAL FEE                   |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| X \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| + \$ _____ =   |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |
| TOTAL ADD'L FEE  |                                  |              |                                    |               |   |                              |  |             |                                  |              |                                    |               |   |                               |    |   |    |   |  |                                  |            |   |    |   |  |   |           |   |  |  |  |   |                |              |  |              |  |              |     |                 |          |              |                |              |  |              |  |              |  |                 |     |  |          |              |  |              |  |              |  |       |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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